

FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Legal Business Name of Respondent:

The Heidi Group / Women's Wellness Coalition

Clinic Site # 19 of 24

B&W Healthcare Associates

Appropriate signage to identify funded entity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Space for clinical and administrative staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Locked storage for charts, records, medications and medical supplies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proper disposal for medical waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CLIA certification for level of tests performed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handicap-accessible clinic sites that are geographically close to target population?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate emergency policies/procedures and supplies as applicable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of interpreter services and language translation (including resources for both)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Compliance with ADA requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Financial management systems including secure data storage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

Legal Business Name of Respondent:

The Heidi Group / Women's Wellness Coalition

Clinic Site # 19 of 24

CLINIC SITE INFORMATION: Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

All information must be accurate.*

Clinic Name:	B&W Healthcare Associates				
Street Address:	400 W Plummer			Suite :	
City:	Eastland	County:	Eastland	Zip Code:	76448 HSR:
Clinic APPOINTMENT Phone #: 254-629-1744					
Clinic PRIMARY Phone #: 254-629-1744			Fax: 254-620-3904		
Service Area (counties to be served):	Eastland, Stephens, Comanche				
Contact Person:	Laura Ojeda				
Pharmacy License #:	NA	Class:	NA		
TPI#:	1855967-02	NPI#:	1265695290		
Submission date of Medicaid Application:					
Subcontractor Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30	12	1:30	5		
TUESDAY	8:30	12	1:30	5		
WEDNESDAY	8:30	12	1:30	5		
THURSDAY	8:30	12	1:30	5		
FRIDAY	8:30	12	1:30	5		
SATURDAY						
SUNDAY						
TOTAL HRS/MONTH	70		70			

FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

**Legal Business Name of
Respondent:**

The Heidi Group / Women's Wellness Coalition

Clinic Site # 20 of 24__

Michael A. McFarland, M.D.

Appropriate signage to identify funded entity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Space for clinical and administrative staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Locked storage for charts, records, medications and medical supplies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proper disposal for medical waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CLIA certification for level of tests performed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handicap-accessible clinic sites that are geographically close to target population?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate emergency policies/procedures and supplies as applicable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of interpreter services and language translation (including resources for both)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Compliance with ADA requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Financial management systems including secure data storage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

Legal Business Name of Respondent:

The Heidi Group / Women's Wellness Coalition

Clinic Site # 20 of 24

CLINIC SITE INFORMATION: Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

All information must be accurate.*

Clinic Name:	Michael A. McFarland, M.D.				
Street Address:	1105 Oak Street			Suite : A	
City:	Jourdanton	County:	Atascosa	Zip Code:	78026 HSR: 8, 11
Clinic APPOINTMENT Phone #: 830-769-2181					
Clinic PRIMARY Phone #: 830-769-2181			Fax: 830-769-2858		
Service Area (counties to be served):	Atascosa, McMullin, Wilson, Bexar				
Contact Person:	Melinda Alaniz				
Pharmacy License #:	NA	Class:	NA		
TPI#:	1355208-01	NPI#:	1407934797		
Submission date of Medicaid Application:					
Subcontractor Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30	12	1:30	5		
TUESDAY	8:30	12	1:30	5		
WEDNESDAY	8:30	12	1:30	5		
THURSDAY	8:30	12	1:30	5		
FRIDAY	8:30	12	1:30	5		
SATURDAY						
SUNDAY						
TOTAL HRS/MONTH	70		70			

FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Legal Business Name of Respondent:

The Heidi Group / Women's Wellness Coalition

Clinic Site # 21 of 24

Rio Grande Women's Clinic - Alamo

Appropriate signage to identify funded entity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Space for clinical and administrative staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Locked storage for charts, records, medications and medical supplies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proper disposal for medical waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CLIA certification for level of tests performed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handicap-accessible clinic sites that are geographically close to target population?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate emergency policies/procedures and supplies as applicable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of interpreter services and language translation (including resources for both)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Compliance with ADA requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Financial management systems including secure data storage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

Legal Business Name of Respondent:

The Heidi Group / Women's Wellness Coalition

Clinic Site # 21 of 24

CLINIC SITE INFORMATION: Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

All information must be accurate.*

Clinic Name:	Rio Grande Women's Clinic - Alamo				
Street Address:	427 E Duranta Avenue			Suite : 108	
City:	Alamo	County:	Hidalgo	Zip Code:	78516 HSR: 11
Clinic APPOINTMENT Phone #: 956-632-6193					
Clinic PRIMARY Phone #: 956-632-6193				Fax:	
Service Area Hidalgo (counties to be served):					
Contact Person: Yoli Cavazos					
Pharmacy License #:		6693	Class:		CS
TPI#:		070794504	NPI#:		1619924719
Submission date of Medicaid Application:					
Subcontractor Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5		
TUESDAY	8:00			5		
WEDNESDAY	8:00			5		
THURSDAY	8:00			5		
FRIDAY	8:00			5		
SATURDAY						
SUNDAY						
TOTAL HRS/MONTH	180					

FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Legal Business Name of Respondent:

The Heidi Group / Women's Wellness Coalition

Clinic Site # 22 of 24

Rio Grande Women's Clinic - Edinburg

Appropriate signage to identify funded entity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Space for clinical and administrative staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Locked storage for charts, records, medications and medical supplies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proper disposal for medical waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CLIA certification for level of tests performed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handicap-accessible clinic sites that are geographically close to target population?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate emergency policies/procedures and supplies as applicable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of interpreter services and language translation (including resources for both)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Compliance with ADA requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Financial management systems including secure data storage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

Legal Business Name of Respondent:

The Heidi Group / Women's Wellness Coalition

Clinic Site # 22 of 24

CLINIC SITE INFORMATION: Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

All information must be accurate.*

Clinic Name:	Rio Grande Women's Clinic - Edinburg				
Street Address:	2502 E. Richardson Rd.			Suite :	
City:	Edinburg	County:	Hidalgo	Zip Code:	78542 HSR: 11
Clinic APPOINTMENT Phone #: 956-380-4477					
Clinic PRIMARY Phone #: 956-380-4477				Fax:	
Service Area Hidalgo (counties to be served):					
Contact Person:	Matt Walthoff				
Pharmacy License #:	6693	Class:	CS		
TPI#:	311938001	NPI#:	1619924719		
Submission date of Medicaid Application:					
Subcontractor Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5		
TUESDAY	8:00			5		
WEDNESDAY	8:00			5		
THURSDAY	8:00			5		
FRIDAY	8:00			5		
SATURDAY						
SUNDAY						
TOTAL HRS/MONTH	180					

FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Legal Business Name of Respondent:

The Heidi Group / Women's Wellness Coalition

Clinic Site # 23 of 24

Rio Grande Women's Clinic - La Joya

Appropriate signage to identify funded entity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Space for clinical and administrative staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Locked storage for charts, records, medications and medical supplies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proper disposal for medical waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CLIA certification for level of tests performed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handicap-accessible clinic sites that are geographically close to target population?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate emergency policies/procedures and supplies as applicable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of interpreter services and language translation (including resources for both)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Compliance with ADA requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Financial management systems including secure data storage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

Legal Business Name of Respondent:

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Clinic Site # 23 of 24

CLINIC SITE INFORMATION: Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

All information must be accurate.*

Clinic Name:	Rio Grande Women's Clinic - La Joya				
Street Address:	1/4 Mile W. Buena Vista & Hwy 83			Suite :	
City:	La Joya	County:	Hidalgo	Zip Code:	78560 HSR: 11
Clinic APPOINTMENT Phone #: 956-583-2646					
Clinic PRIMARY Phone #: 956-583-2646				Fax:	
Service Area Hidalgo (counties to be served):					
Contact Person: Matt Wolthoff					
Pharmacy License #:		6693	Class:		CS
TPI#:		171118602	NPI#:		1619924719
Submission date of Medicaid Application:					
Subcontractor Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
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MONDAY	8:00			5		
TUESDAY	8:00			5		
WEDNESDAY	8:00			5		
THURSDAY	8:00			5		
FRIDAY	8:00			5		
SATURDAY						
SUNDAY						
TOTAL HRS/MONTH	180					

FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Legal Business Name of Respondent:

The Heidi Group / Women's Wellness Coalition

Clinic Site # 24 of 24__

Rio Grande Women's Clinic - McAllen

Appropriate signage to identify funded entity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Space for clinical and administrative staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Locked storage for charts, records, medications and medical supplies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proper disposal for medical waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CLIA certification for level of tests performed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handicap-accessible clinic sites that are geographically close to target population?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate emergency policies/procedures and supplies as applicable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of interpreter services and language translation (including resources for both)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Compliance with ADA requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Financial management systems including secure data storage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

Legal Business Name of Respondent:

The Heidi Group / Women's Wellness Coalition

Clinic Site # 24 of 24

CLINIC SITE INFORMATION: Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

All information must be accurate.*

Clinic Name:	Rio Grande Women's Clinic - McAllen				
Street Address:	222 E Ridge Road			Suite : 101	
City:	McAllen	County:	Hidalgo	Zip Code:	78501 HSR: 11
Clinic APPOINTMENT Phone #: 956-632-6032					
Clinic PRIMARY Phone #: 956-632-6032				Fax:	
Service Area Hidalgo (counties to be served):					
Contact Person: Matt Wolthoff					
Pharmacy License #:		6693	Class:		CS
TPI#:		112716904	NPI#:		1619924719
Submission date of Medicaid Application:					
Subcontractor Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5		
TUESDAY	8:00			5		
WEDNESDAY	8:00			5		
THURSDAY	8:00			5		
FRIDAY	8:00			5		
SATURDAY						
SUNDAY						
TOTAL HRS/MONTH	180					